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LOVE, CARE, & DIGNITY, INC.	12/30/2007	01/30/2009
3344 Ridge Rd., Cheyenne, WY 82001	Adult, ABI, & Ch	aildren's Waivers

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RESULTS OF REVIEW OF ORGANIZATIONAL PRACTICES				
AREA OF SURVEY INCLUDING RULE OR STANDARD	FINDINGS or IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE	DATE QIP APPROVED
Incident reporting policy (Wyoming Medicaid rules Chapter 45, Section 30)	Suggestion: The organization's incident reporting policy should have clear distinctions between internal and the Division's incident reporting requirements.	The identified suggested changes were reviewed on the actual policy. Also, a best business practice is to have clearly distinguishable forms for the more rare and critical types. Also, participants and families should be directed to inform DFS and DDD and possibly law enforcement in cases of suspected mistreatment. In the current policy they are instructed to only contact P&A.	N/A	N/A
Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	None.	The policy adequately addressed and informed staff, participants, and guardians of their rights.	N/A	N/A

Complaint and Grievance (CARF 1.D.)	<b>Recommendation</b> : The organization needs to have separate and clearly designated timeframes for each of the steps in a complaint/grievance procedure.	The organization had one timeline encompassing all of the steps.	02/24/2008	
Restraint standards (Chapter 45, Section28)	Recommendation: The organization does not have a comprehensive restraint policy containing all of the required components.	The organization has begun to develop a policy and procedure for restraints. There is an incorrect statement about not using chemical restraints. The policy does not include all of the required components for documentation, review, and analysis. Also, the best business practice is to have a separate form utilizing this documentation and review, distinguishable from internal incident documentation.	02/24/2008	
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	<b>Suggestion:</b> The organization does not have all of the components required for the general training.	Seven staff files were reviewed. There was only partial compliance with the additional training requirements that are coming from the Division in 2008. The provider is encouraged to ensure compliance with these trainings as they are available.	N/A	N/A
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Systemic Recommendation: The organization does not have all of the components required for participant specific meeting.	Seven staff files were reviewed. There was only partial compliance with the training requirements on participant specific information. Staff noted they were using an outdated tracking form prior to the rule implementation.	02/24/2008	
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Systemic Recommendation: The organization did not have evidence for all staff meeting the requirements.	Three staff files of seven were missing components of evidence required, meeting the qualifications and training. One did not have the CPR/1 <sup>st</sup> Aid, one did not have current CPI, and one did not have the background check or CPR. One file was given evidence by the end of the survey, another was shown evidence of attendance but not certification.	02/14/2008	

Emergency Drills (CARF 1.E.)	<b>Recommendation:</b> The organization needs to document dates, times, and all completed follow-up.	Five of twenty-five drills were lacking documentation of the date and time. One of five drills did not have the documentation of required follow-up.	02/24/2008	
Internal Inspections (CARF 1.E.)	<b>Suggestion:</b> The organization needs to document all completed follow-up.	Two of six inspections requiring follow-up did not have all of the required documentation of its completion.	N/A	N/A
External Inspections (CARF 1.E.)	<b>Recommendation:</b> The organization did not have the required external inspections on three of four.	Carla, Ridge, and Mynear did not have external inspections within the last year.	02/14/2008	
Progress made on prior DDD Survey recommendations	None.	Nursing notes are now client specific and not intermingled. There were no concerns identified with food being locked systemically.	N/A	N/A
Emergency Procedures during Transportation (CARF 1.E.)	Recommendation: Staff were unable to show surveyors participant's emergency information during transportation.	During staff interviews staff were unable to show surveyors evidence of emergency information for participants readily available during transportation.	02/14/2008	
Emergency Procedures during Transportation (CARF 1.E.)	Suggestion: Staff were unable to demonstrate emergency procedures.	The staff interviewed were unable to locate the emergency hazard lights, necessary during an emergency.	N/A	N/A
Access to Client's Records (CARF 2.B.)	<b>Suggestion:</b> The provider is encouraged to reword their policy with specific timeframes that are reasonable for all parties.	Currently the policy states the records will be available "when it is convenient".	N/A	N/A
Conflict of Interest (Wyoming Medicaid Rules Chtr. 45 Sect. 23.g)	Recommendation: The provider does not have a comprehensive policy addressing all the current and future potential conflicts of interests.	There was no policy to review.	02/24/2008	
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Client Records		The provider has made progress from the prior survey, increasing some organization and filing improvements. The provider should continue to look at tightening the organization, increased systematization, consistency for all files and forms, and a quality assurance check on file integrity.	N/A	N/A
	RESULTS OF PART	ICIPANT SPECIFIC REVIEWS		
AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS or IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE	DATE QIP ACCEPTED
Implementation of Individual Plan of Care	<b>Suggestion</b> : The provider is encouraged to ensure that all services being provided are being documented according to their service definition.	Participant #4 had instances of eight and eleven hour days of Res. Hab. Training. RHT requires documentation of completed habilitation and goal tracking for this service to be billed.	02/24/2008	
Implementation of Individual Plan of Care	Suggestion: The provider needs to work with the ISC on updated objective pages for DH& RH.	Participant #5 had a DH and RH goal that is not currently meeting the standards set by the Division. These were approved in the past but need to be updated as they are identified.	02/24/2008	
Releases of Information (CARF 2.B.)	Recommendation: The organization needs to ensure all releases are up to date, time specific, and applicable.	Multiple files had out of date releases (expired or not with current guardian). Some files had release forms without the one year expiration. Any outdated or expired or not-applicable releases should be removed from the active file.	02/24/2008	
Emergency Information (CARF 2.B.)	Recommendation: The organization needs to ensure all emergency information for participants is up to date and readily available in active files.	Three of five files did not have current emergency information readily available.	02/24/2008	

Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	Recommendation: The organization is not fulfilling the documentation of tracking measurable goal completion that is able to be quantifiable for completion or success.	Five of five files reviewed did not have objectives/schedule that gave measurable criteria of a goal's completion. The provider is encourage to work with the IPC team to update all participant's goals to ensure meaningful and measurable goal progress. The provider is required to review these goals as they need updating, through completion or inability of completion.	02/24/2008	
Internal Incidents	Recommendation will follow the survey report, associated with the complaint investigation.	The provider does not do a lot of documentation of "internal incidents". See above for IR policy review.  There was an internal documentation report written by a direct care staff was negative in tone and inappropriate. This will be included in the complaint investigation, to follow after the survey report.	N/A	N/A
Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	The Respite Care documentation for the month of November 2007 for Participant #3 will be referred to the Office of Healthcare Financing for possible recovery.	Seven units was overbilled according to the documentation.	N/A	N/A
<b>Documentation Standards</b> (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation: The organization must ensure the documentation standards are being met for all schedules and documentation.	Nursing notes did not have all of the required components of a schedule. When correcting times in/out the original time should not be rewritten over as becoming illegible. Location sites were not included on many of the schedules. A respite schedule being shared by multiple providers, also did not indicate what service was being provided.	02/24/2008	
Guardian/family interviews	None.	The families and guardians the surveyors spoke with expressed satisfaction with services, staff, and the organization.	N/A	N/A

Incident Report follow-up	None.	The provider has not had a reportable "critical" incident reported to the Division in two years. The provider is encouraged to continue to monitor all internal incidents to ensure all incidents are flagged if meeting the reportable categories.	N/A	N/A
Complaint Follow-up	Recommendations to come after survey in a subsequent report.	The findings of the complaint investigation will be sent in a subsequent report and letter to LCD.	N/A	N/A
Staff Qualifications & Training (Wyoming Medicaid Rules Chtr. 45 Sect. 26)	Focused Recommendation: The organization did not have evidence for a one on one staff having the completed required participant specific training.	Staff that was newly hired as a one on one at the Ahrens home did not have participant specific training, as required prior to working with an assigned participant.	02/14/2008	
Health and Safety	None.	No systemic organizational health and safety concerns were identified.	N/A	N/A
	RESULTS OF	REVIEW OF SERVICES		
AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS or IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE	DATE QIP APPROVED
Implementation of Individual Plan of Care and Direct Care Services	<b>Commendation</b> : The provider is commended for very high level of satisfaction of participants for all service sites.	<ul> <li>All participants interviewed in all service sites expressed high satisfaction with services, sites, and staff.</li> </ul>	N/A	N/A

Organization maintains a healthy & safe environment – all service settings (CARF 1.E. & Chapter 45, Section 23)	<b>Recommendation</b> : The provider needs to address all identified concerns identified from the RH site inspections.	<ul> <li>Ahrens – back door egress partially blocked by ice, 1<sup>st</sup> Aid kit locked.</li> <li>Ridge – ramp/egress a potential trip hazard.</li> <li>Hickory – emergency egress from 2<sup>nd</sup> floor, privacy/security with portable divider.</li> <li>Mynear – trip hazard with hall carpet, storage in front of the furnace, 1<sup>st</sup> Aid kit was locked.</li> </ul>	02/14/2008	
Organization maintains a healthy & safe environment – all service settings (CARF 1.E. & Chapter 45, Section 23)	<b>Recommendation</b> : The provider needs to modify the plan of care for privacy or provide privacy for the bedroom for Participant #6.	At the Ridge home, Participant #6 is sharing a bedroom with a staff person.	02/24/2008	
Organization maintains a healthy & safe environment – all service settings (CARF 1.E. & Chapter 45, Section 23)	Suggestion: The provider is encouraged to address the additional identified concerns or best business practices.	CO detector for all levels of service sites.  The address at the Ridge home is not visible on both sides of the mailbox (coming North or South on the Highway).	N/A	N/A
Implementation of Individual Plan of Care and Direct Care Services	Commendation: The provider is commended for providing high quality and frequency for community integration during DH.	The provider is often daily entering the community participating in activities and events of the participants choices and preferences. The participants reported high satisfaction with the community integration during day habilitation.	N/A	N/A
	Suggestion: The provider is encouraged to track community integration, including outcomes reporting.	Currently the only documentation of community integration is on individual's daily schedules. There is no way to correlate, review, analyze trends agency wide.	N/A	N/A

	Suggestion: The provider is encouraged to look for increased employment opportunities for participants.	Currently there is little documentation supporting the employment work pursuits by the provider and participants. There is no formal agency goal or target for employment services.	N/A	N/A
	Suggestion: Evaluate and improve the décor of the day habilitation site.	Water stains on the ceiling, floor cracks and wear, unfinished drywall, securing doors into the furnace rooms, and the secondary for the East bathroom improve the feeling of security and privacy.	N/A	N/A
Organization maintains a healthy & safe environment – all service settings (CARF 1.E. & Chapter 45, Section 23)	<b>Recommendations</b> : The provider needs to address all identified concerns identified from the site inspections.	Day habilitation site:  Toilet paper holder secured, no paper towel was stocked on the 22 <sup>nd</sup> , and cleanliness of used dish in West bathroom.	02/24/2008	
Other Services:	None.	No concerns were identified with other services monitored during the survey.	N/A	N/A
RESULTS OF REVIEW OF CASE MANAGEMENT SERVICES				
AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS or IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE	DATE QIP APPROVED
This provider is not currently certified for case management services.				